RI SOS Filing Number: 202193721650 Date: 3/9/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 NOV 20 PM 10: 12

Annual Report for the year: 2020

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000027600	BOYS & GIRLS CLUBS OF NORTHERN RHODE ISLAND
3. State of Incorporation: **RHODE ISLAND**	5. Brief description of the character of business conducted in Rhode Island: **YOUTH SERVING AGENCY THAT PROVIDES FOR ALL AGES**
4. NAICS Code: **624110 - Child and Youth Servi**	

RECEIVED
2021 MAR -9 A 8:50
R.I. DEPT. OF STATE
BUS SVCS DIV

6. Principal Office Address	City	State	Zip
ONE JAMES J. MCKEE WAY	**CUMBERLAND**	**RI**	**02864**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **GARY J. REBELO**			Vice-President Name NICKOLAS B. ROGERS.		
Street Address **3310 DIAMOND HILL ROAD**			Street Address 37 FERNCREST DRIVE		
City **CUMBERLAND**	State **RI**	Zip **02864**	City CUMBERLAND	State RI	Zip 02864
Secretary Name **RYAN ANTROP**			Treasurer Name **BRIAN THIBODEAU**		
Street Address **2 MERRILL LANE**			Street Address **33 METCALF DRIVE**		
City **CUMBERLAND**	State **RI**	Zip **02864**	City **CUMBERLAND**	State **RI**	Zip **02864**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☑

Director Name **SEE ATTACHED**			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
GARY J. REBELO	11-17-2020

Signature of Officer/Authorized Representative

X [signature]

SIGN DOCUMENT **FILED**

MAR 09 2021

BY [signature]

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

+ 8.50

FORM 631 - Revised: 11/2017

27600

LIST OF DIRECTORS

Allan Bellows II	17 Musket Rd, Lincoln, RI 02865
Richard A. DiMase	27 Angell Rd, Lincoln, RI 02865
Nicholas Goodier	10 Columbia Dr, Cumberland, RI 02864
Maggie Koosa	238 William Henry Rd, Scituate, RI 02857
Kenneth Libby	10 Elmwood Dr, Cumberland, RI 02864
Dr. Jason Masterson	127 Oak Hill Rd, North Kingstown, RI 02852
Sarah Oster	1814 Old Louisquisset Pike, Lincoln, RI 02865
Alexander Raheb	650 George Washington Hwy, Lincoln, RI 02865
Virginia B. Vachon	43 Timbrland Dr, Lincoln, RI 02865
Eric Wagner	9 JP Murphy Hwy, West Warwick, RI 02893
Anne Lee White	30 Kirkbrae Dr, Lincoln, RI 02865
Jeff Polucha	136 Fisk Ave, Cumberland, RI 02864
Joel Bessette	70 Tingley Dr, Cumberland, RI 02864